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ADVANCING INTEGRATED HEALTHCARE

# A Call to Action: Implementing Telehealth in Community-Based Primary Care as a Response to COVID-19

## Care Transformation Collaborative of R.I.

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MARCH 19, 2021

CLINICAL STRATEGY COMMITTEE MEETING

# AGENDA

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## Introductions and CME Announcement

*Pano Yeracaris, MD, MPH, Chief Clinical Strategist*

## Telehealth Needs Assessment & Webinar Series

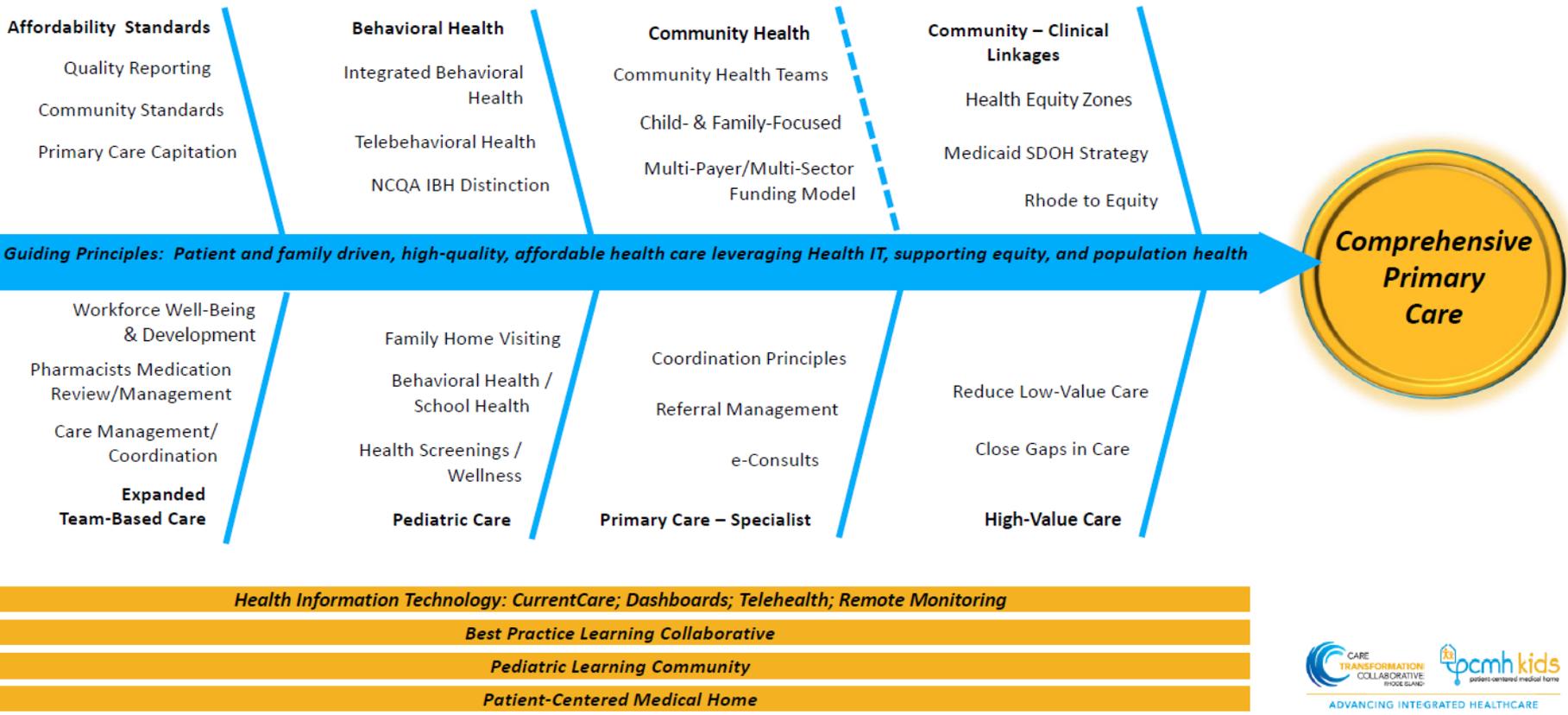
*Sue Dettling, BS, PCMH-CCE: Telehealth Project Manager*

## Telehealth Learning Collaborative

*Susanne Campbell, RN, MS, PCMH-CCE Senior Program Director*

## Appendix – Data/background slides

# Roadmap to Comprehensive Primary Care



# Telehealth Initiative

*Funded by UnitedHealthcare and State of RI Cares Act Funding*



## ***Three Phases***

Phase 1. July 1 – October 31, 2020: Assessment

Phase 2. October 2020 – April 2021: Webinar Series

Phase 3. December 2020 – April 2022: Learning Collaborative

## ***Managed by CTC-RI/PCMH Kids***

Core Planning Committee/Subcommittees

CTC-RI Clinical Strategy Committee

Northeast Telehealth Resource Center (NETRC.org)



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# Telehealth Initiative

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## *Goals*

1. Provide primary care team with best practice sharing opportunities to support effective, safe and efficient telehealth services looking at:
  - practice/staff/patient experiences
  - clinical outcomes
  - access to care and utilization
2. Help inform RI health care policy on primary care practice/patient telehealth needs

# Telehealth Initiative

## Phase 1 Practice & Patient Needs Assessment - **Completed**

### Practice Assessment and Patient surveys

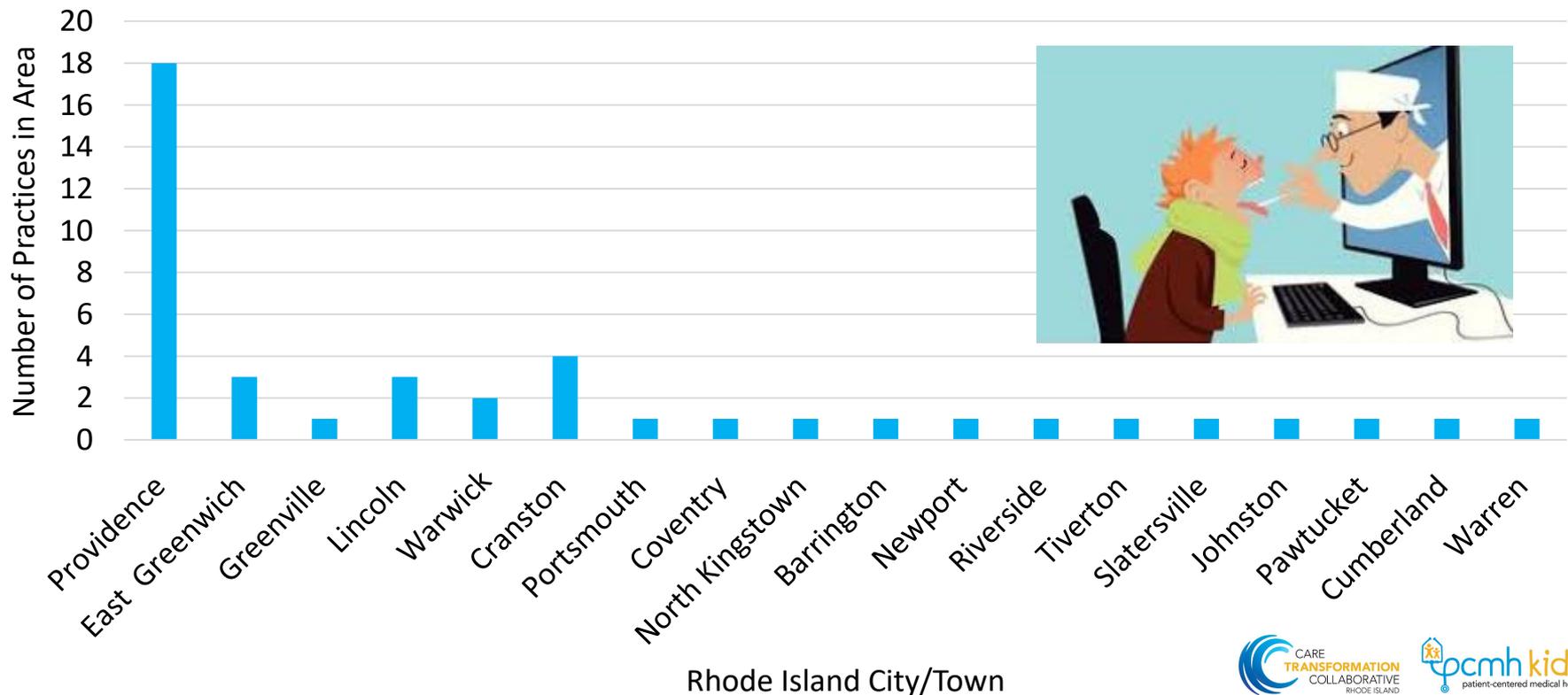
- 47 practice sites
- 35 Adult; 12 Pediatric Sites
- over 900 patient responses
- Phase 2 webinar topics address practice and patient needs, interests, requested webinar topics, as well as top barriers.

\$94,000 paid  
to practices  
\$2000/each

*“Mom said the doctor does everything the same as if she was there in person. The doc even did activities with her son and he loved it.”*

# Telehealth Initiative Practice Demographics

Numer of Participating Practices by City/Town



Rhode Island City/Town



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# Telehealth Practice Assessment - Themes



- **Telehealth essential** for primary care and behavioral health visits since March 2020
- **57%** of practices using telehealth for > 41-100% of all primary care work
- **75%** of practices using telehealth for > 41-100% of all behavioral health work
- **91%** practices began telehealth in March with COVID onset
- **82%** reported telehealth improved their work experience
- **57% prefer phone** to video
- Only **8%** responded to using **Remote Patient Monitoring (RPM)**

*“...vitals so that I can do physicals over the phone too.”*

# Telehealth Practice Assessment - Themes



- **Top benefits:** 1) Increased patient access 2) reduction in no-shows 3) staff ability to work from home 4) ability to bill for on-call services
- **Top 4 visit types:** 1) Sick visits 2) Medication management 3) COVID concerns 4) Routine follow up for chronic conditions
- **Top video platforms:** Doximity, Doxy.me, Zoom, EHR specific platform, FaceTime
- **Top 4 things to improve telehealth:** 1) patient education 2) better workflows 3) improved internet in community 4) staff training

*“Calling a day before to remind me of the appointment...”*

# Telehealth Practice Assessment - Highlights



## BARRIERS FOR PROVIDERS

- **Reimbursement (85%)**
- Technology issues (56%)
- Receiving payment after the visit has been performed (41%)
- Startup and/or ongoing costs (38%)
- Training (31%)
- Lack of technical staff (28%)
- Organizational priority / support & lack of dedicated coordinator staff (21%)

## BARRIERS FOR PATIENTS

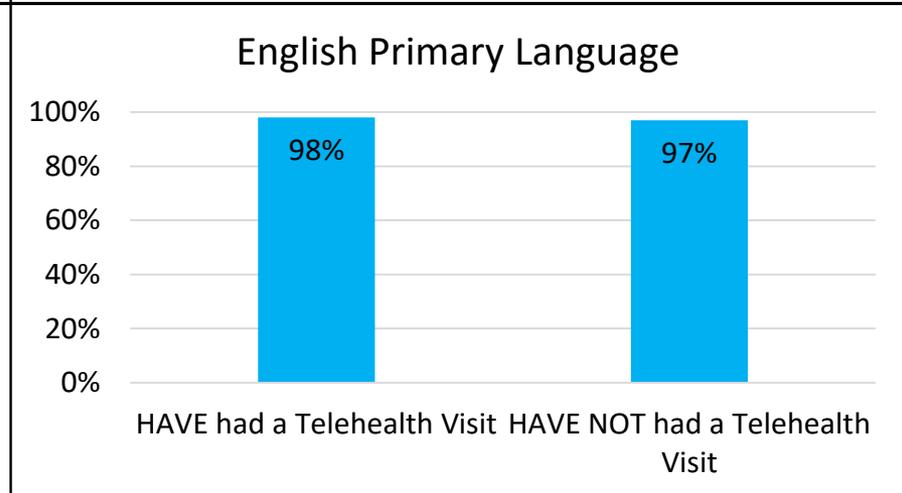
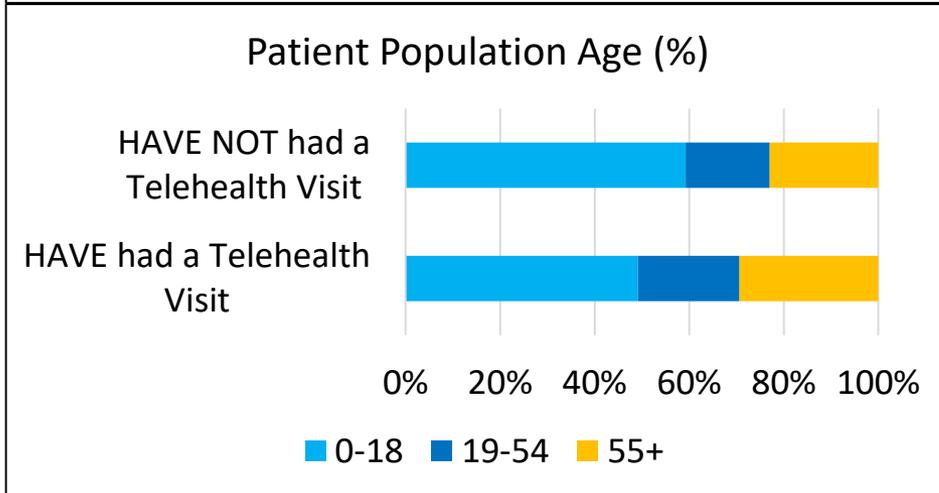
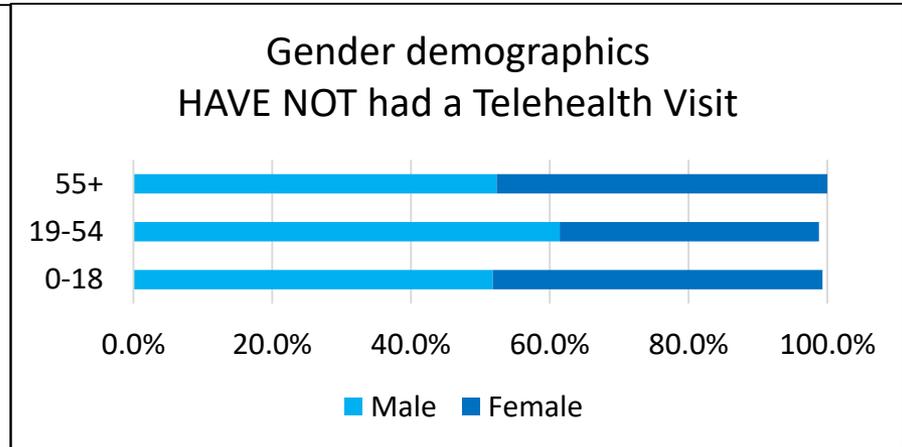
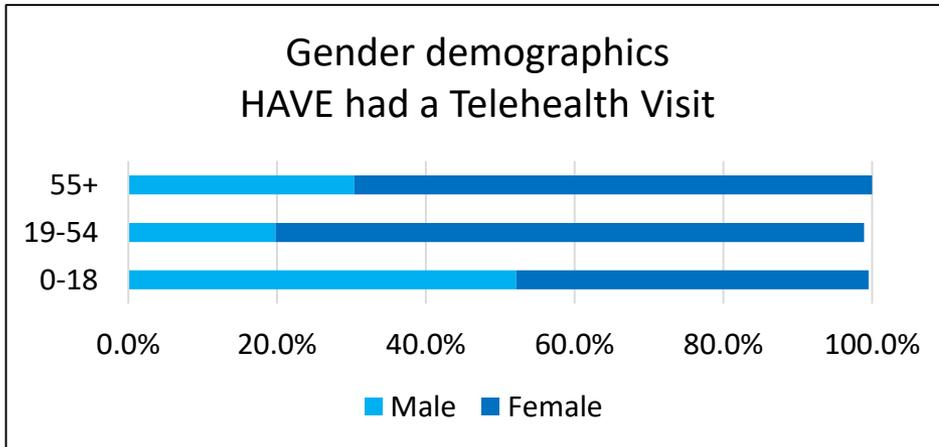
- **Lack of technical understanding: Patient didn't know how to use video or phone for medical visit**
- Lack of / or unreliable computer internet or phone service
- Patient does not have a computer/tablet for videos
- Patient does not speak English and needs a language interpreter
- Patient does not have a phone or sufficient minutes on cell phone
- Patient has cognitive limitations and needs a person with them
- Patient is concerned about privacy for a phone or video visit
- Patient needs deaf/hearing impaired services to use the phone or video visit

# Practice/Patients rank types of phone/video visits offered

- 1) Medication Management
- 2) Sick visit (*highest in 19-54 yr. old*)
- 3) Routine follow up for chronic condition mgmt./ongoing care (*highest in 55+*)
- 4) COVID-19 concerns
- 5) Nurse care manager check-in
- 6) Behavioral health visit

*“I thought this was the best way to speak to my provider as I did not know what was wrong with me and I was worried I would infect others. ....could not have driven ...so I would have ended up in the ER or an Urgent Care Center.”*

# Demographics of Patients who HAVE / HAVE NOT had a telehealth visit



# Telehealth Patient Surveys - Themes



## Top barriers for patients:

- Not comfortable or didn't know how to use video or phone for a medical visit
- Lack a computer/ tablet for video visit
- Lack reliable internet or phone service

## Satisfaction with telehealth:

- Majority reported that phone or video visit was able to address what was bothering them
- Majority agreed or strongly agreed that they were satisfied with the telehealth visit

## Appropriateness of care:

- Patients reported that, if a phone or video appointment had not been available to address healthcare concerns, they may have gone to an Emergency Room, or not be seen by any clinician.

# Telehealth Patient Surveys – Themes (continued)

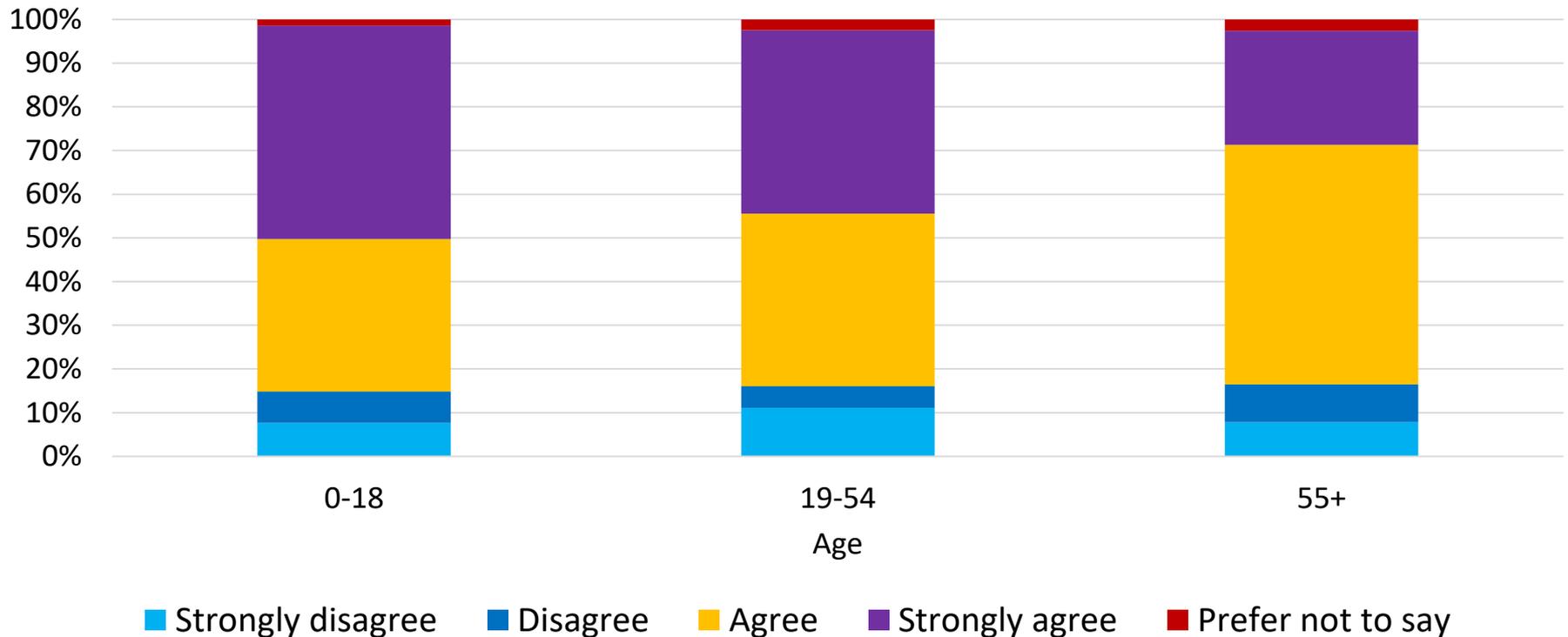


## Patients who Have Had a telehealth visit & those who had NOT:

- Majority of patients willing to have a phone or video visit in future:
  - Safer than in-person during COVID-19 pandemic
  - Did not have to leave home
  - Takes less time
- **Phone visits are preferred for those aged 55+**
- Video visits are preferred for those aged 0-54
- **In-person visits are still preferred overall**
- Patient concerns preventing them from future phone or video visits:
  - Uncomfortable using phone for visit
  - Do not have computer or tablet for video visit
  - Privacy concerns
  - Phone or video visit too short
  - Phone service unreliable

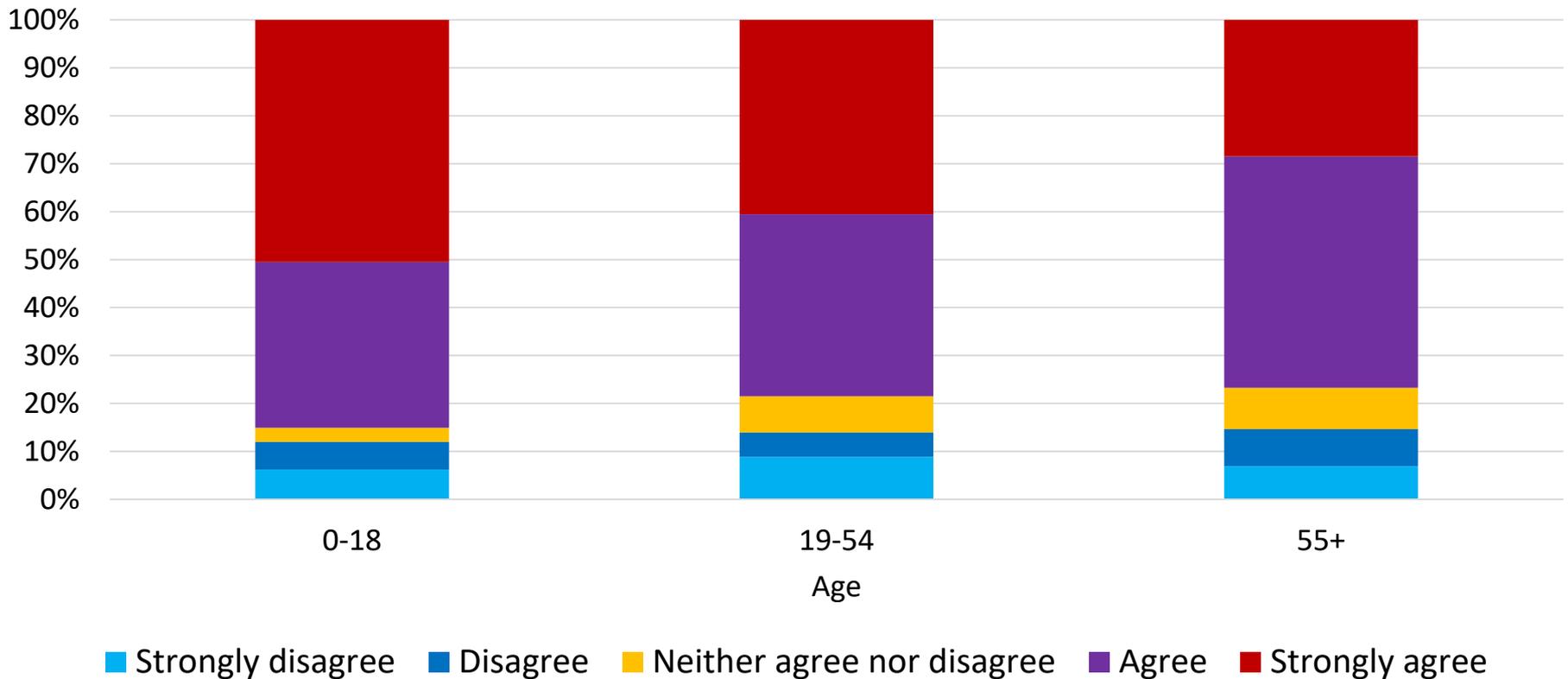
# Patients who HAVE had a telehealth visit

The phone or video visit was able to address what was bothering me/the patient.



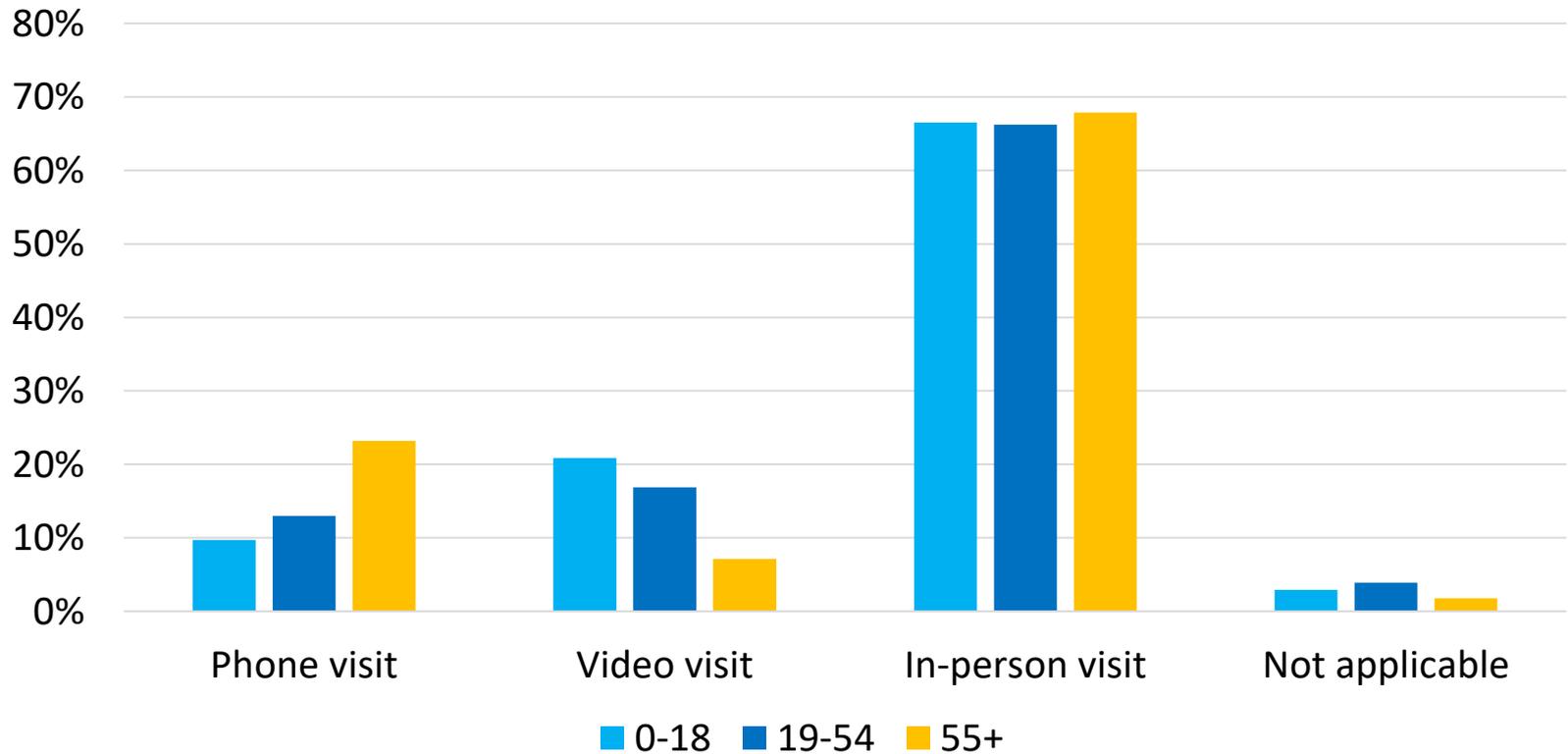
# Patients who HAVE had a telehealth visit

Overall, I/the patient was satisfied with the phone or video visit.



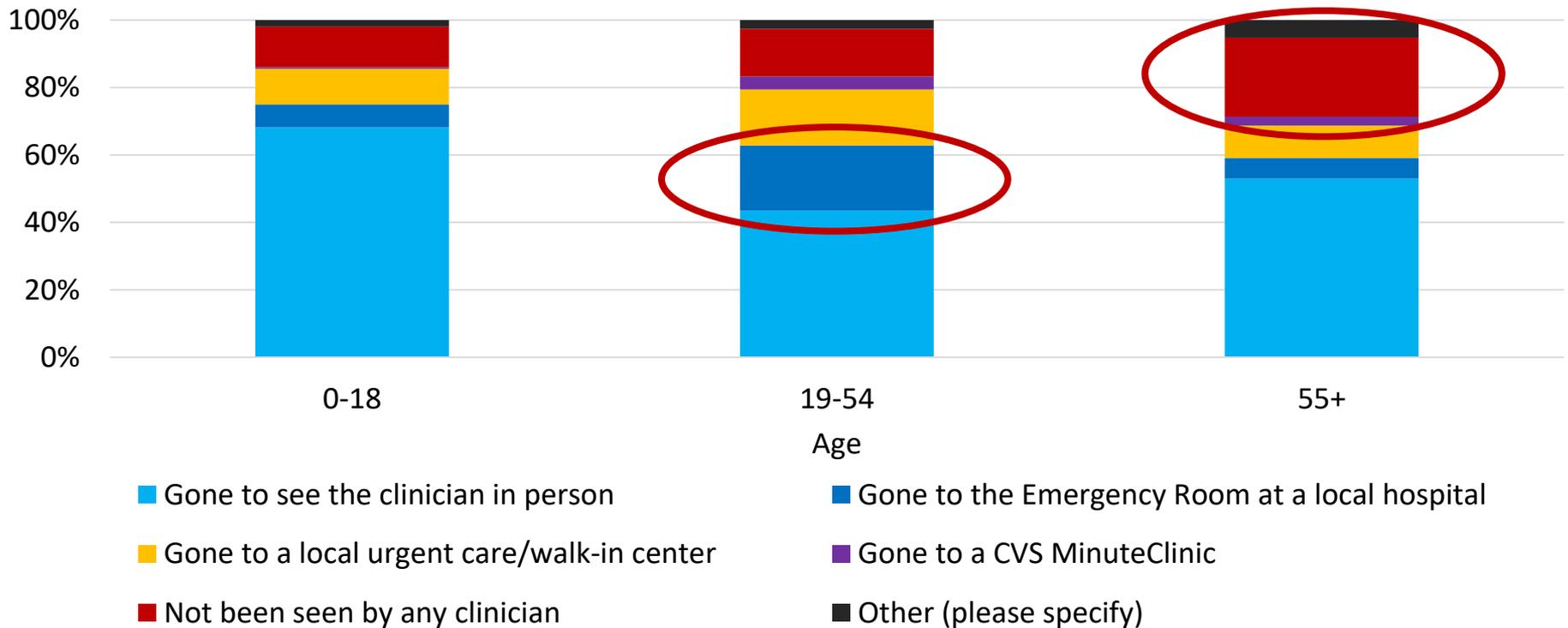
# Patients who HAVE had a telehealth visit

Which type of medical visit do you prefer?



# Patients who HAVE had a telehealth visit

If a phone or video appointment had not been available to address your healthcare concern(s), what would you/the patient have done instead?



# Top Topics for Webinar Series Telehealth & Remote Patient Monitoring

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- 1) Coding, Billing and Reimbursement (Medicaid, Medicare, Commercial)
- 2) Selecting RPM Equipment
- 3) Integration into EHR
- 4) Technology/training for patients
- 5) Workflow
- 6) Meeting needs of pediatric, geriatric, and special needs Patients



# Next Steps

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Phase 3: 12-month Learning Collaborative:  
“Using Technology to Improve Care for  
Patients with Chronic Conditions”

# Telehealth Learning Collaborative

“Using Technology to Improve Care for Patients with Chronic Conditions”

[Practices participating in the Telehealth Learning Collaborative](#)

Practice Type	Chronic Conditions of Focus
Adult	Heart Failure Diabetes Hypertension COPD
Family Medicine	Heart Failure Hypertension Obesity Asthma
Pediatrics	Mental Health (Depression, Anxiety, ADHD) Social Determinants of Health Asthma Diabetes Hypertension Liver Enzymes Obesity



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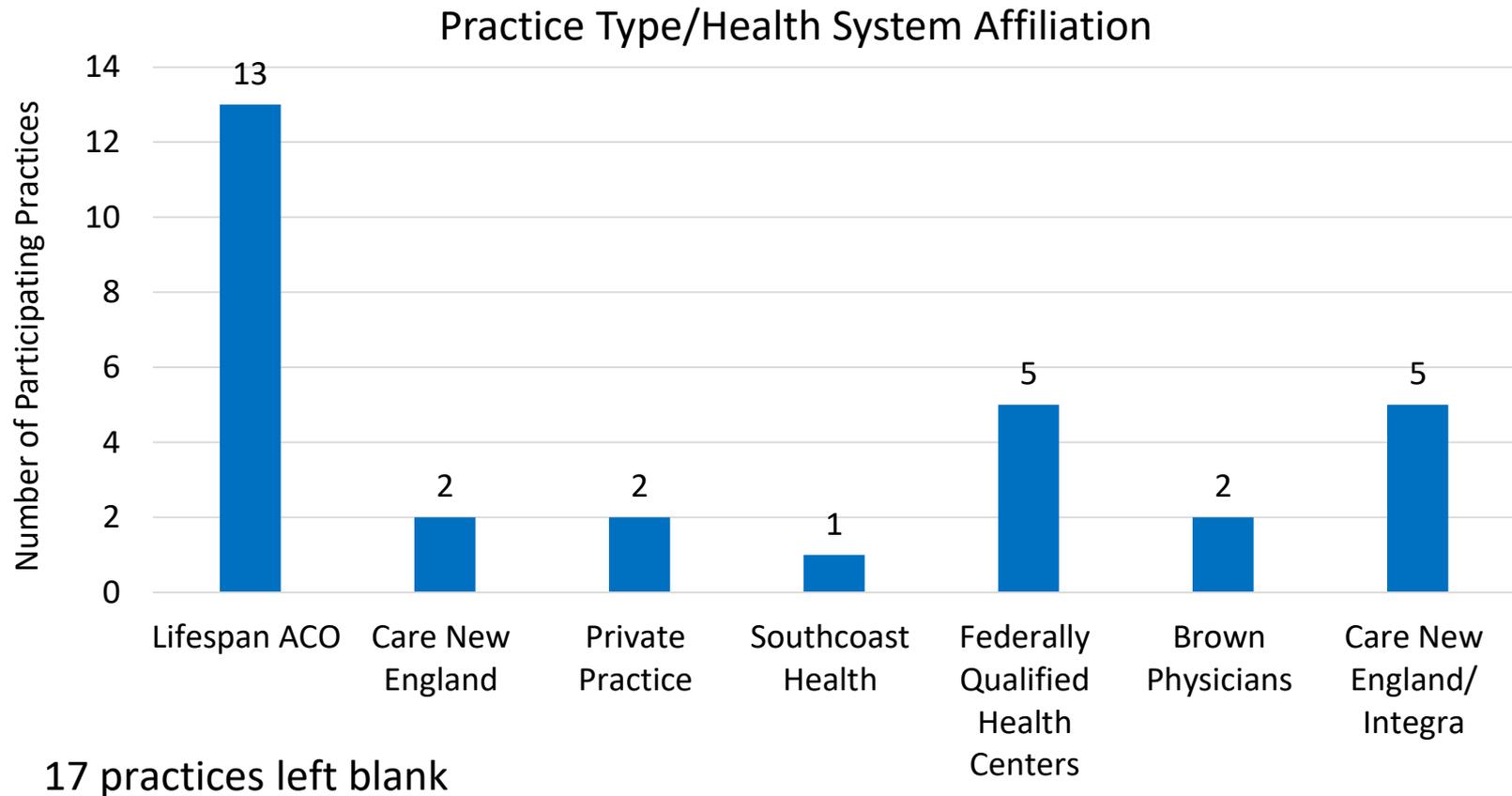
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**Additional Questions: [CTCTELEHEALTH@CTC-RI.ORG](mailto:CTCTELEHEALTH@CTC-RI.ORG)**

# Appendix: Data/Background Slides

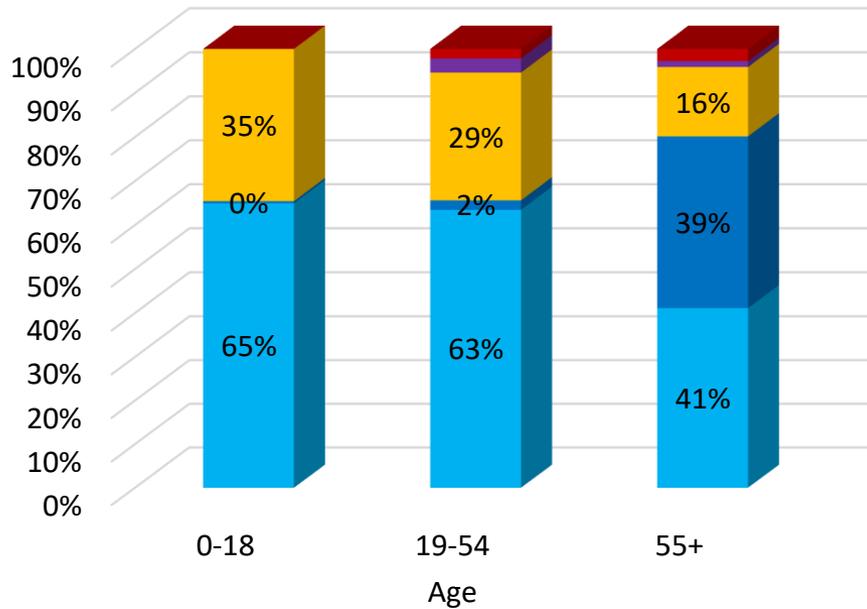
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# Telehealth Initiative Practice Demographics



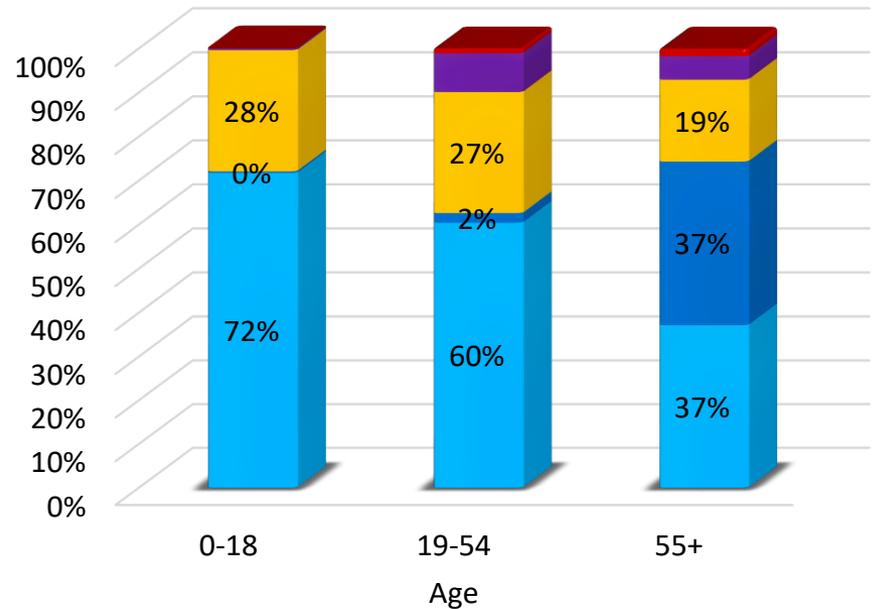
# Insurance Demographics

Patients who HAVE had a Telehealth Visit



- Commercial insurance
- Medicare
- Medicaid
- No health insurance
- Other

Patients who HAVE NOT had a Telehealth Visit



- Commercial insurance
- Medicare
- Medicaid
- No health insurance
- Other

# Patients Open Responses for both HAVE and HAVE NOT had telehealth visit

## Suggested Community Telehealth Improvements

- “I would rather have phone/video visit due to having to take bus to office.”
- “Universal speedy wifi and better internet.”
- “Our legislature needs to ensure that the provider/doc is reimbursed at the same level as an in person.”
- “Offer it free so that those who don't have health insurance can use this system. Health insurers should cover these kinds of calls.”
- “To have the technology and privacy to conduct appointments at local places, if it's a video. I don't have a computer and don't know how to use one.”
- “Help older people out.”
- “Maybe private rooms in public spaces like libraries.”

## Patient Quotes – How to make visits better

- “Vitals so that I can do physicals over the phone too.”
- “Calling a day before to remind of the appointment and the time frame “
- “If appointments can be scheduled via patient portal.”
- “Conversation prior to the visit thru the website to discuss the issue(s) before the visit so that we can "get down to business" during the telemedicine visit.”
- “Actually, I thought this was the best way to speak to my provider as I did not know what was wrong with me and I was worried I would infect others. ....could not have driven to Providence so I would have ended up in the ER or an Urgent Care Center.”

# Anchor Medical Patient Quotes

## HAVE had:

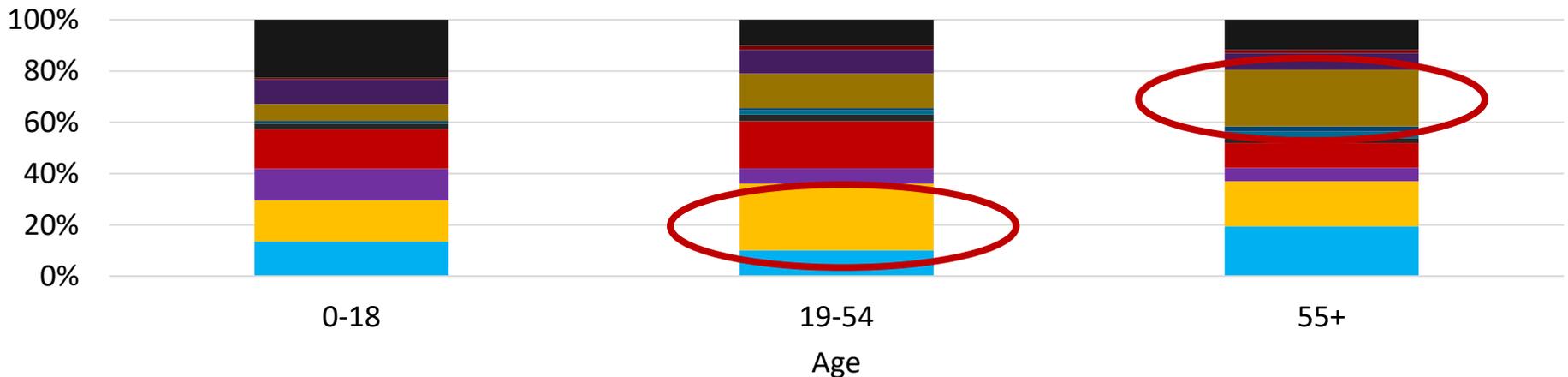
1. “It would be easier, for a simple diagnosis, to be prescribed medicine. I wouldn't have to drag a sick daughter out into the world to get more people sick.”
2. “There are some visits that a phone or video appointment can be used for and others that a physical exam needs to be done. I would consider not coming into the office if a physical exam is not warranted.”
3. “If there’s a problem that the doctor doesn’t have to use an otoscope etc. for an exam or no vaccinations are needed then a virtual visit would be easier with twins.”
4. “Making it easy to schedule quickly and conveniently would help make it a better option.”
5. “It would depend on what it was for, I haven't had one because the appointments have been for my son's milestone visits and I think he needs to be in person for those.”

## HAVE NOT had:

1. “Good technology for patient and doctor - - readily available patient history”
2. “We love Dr. Scarfo, she makes you feel safe no matter how you interact with her. The med checks over the video are great. I like in person for annuals and serious emergencies.”
3. “While doing video visits with behavioral health there were some connection issues/cutting in-out.”
4. “Clarifying cost when agreeing to visit.”

# Patients who HAVE had a telehealth visit

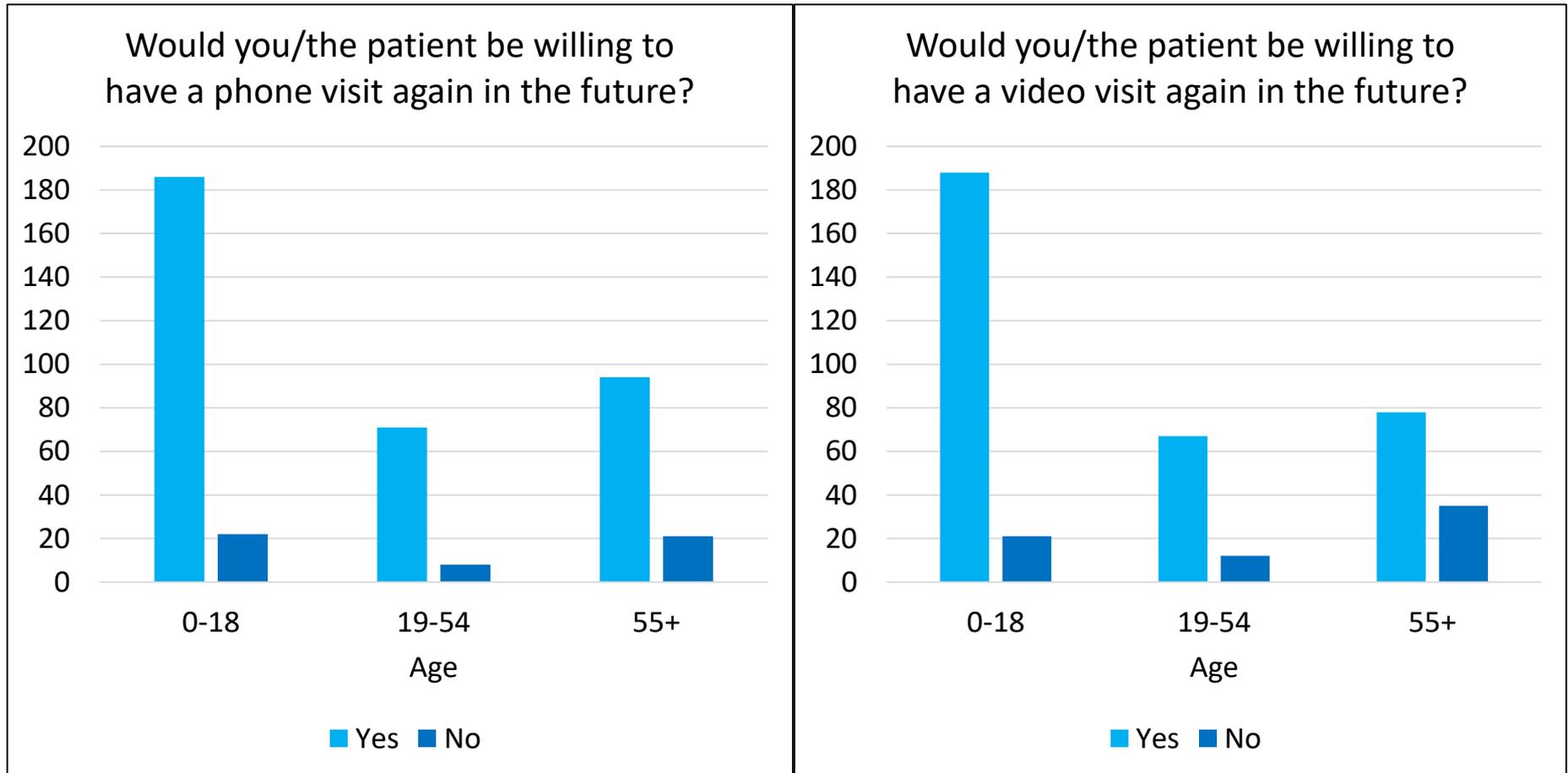
What were the reason(s) for your/the patient's phone or video visit(s)



- Annual check-up (adult)/ Well Child Visit
- Sick visit
- Medication management
- Visit before an Operation or procedure (Pre-OP)
- Ongoing care
- Pharmacy check-in

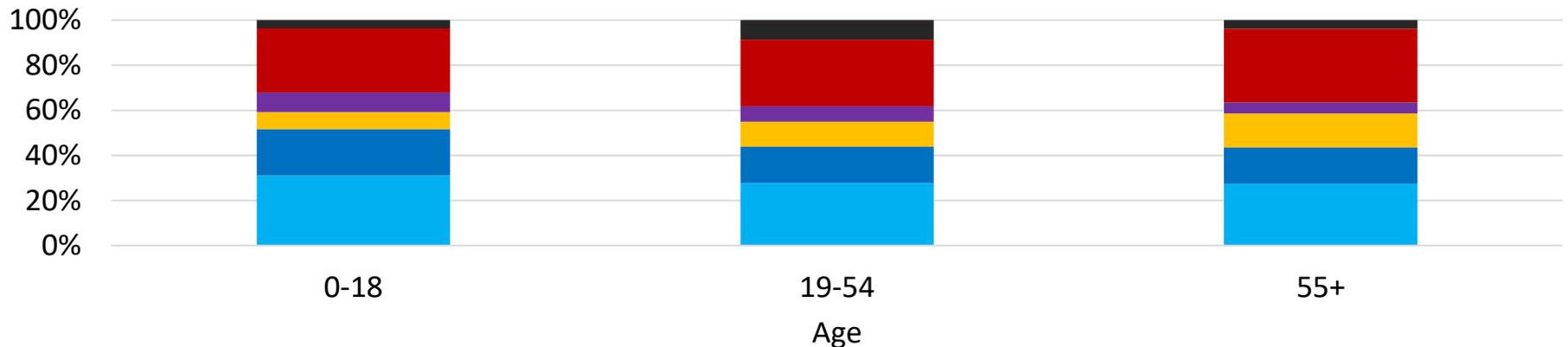
- Well Child Visit
- Behavioral health visit
- Nurse care manager check-in
- Visit after an Operation or procedure (Post-OP)
- COVID-19 concerns
- Other (please specify)

# Patients who HAVE had a telehealth visit – group by age



# Patients who HAVE had a telehealth visit

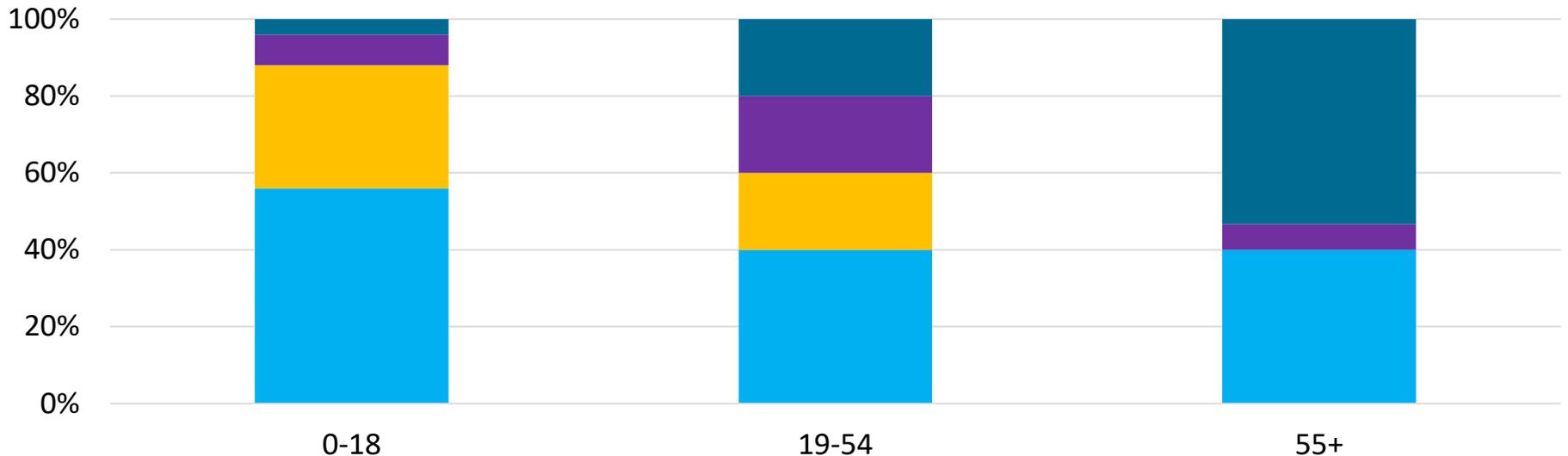
Yes (If your answer is "Yes," please choose all the reasons that apply)



- Other (please specify)
- Phone visit is safer than an in-person visit during COVID-19 pandemic
- Phone visit allows more time with my healthcare clinician
- I will not need transportation for a phone visit
- Phone visit takes less time
- Did not have to leave home for a phone visit

# Patients who HAVE had a telehealth visit

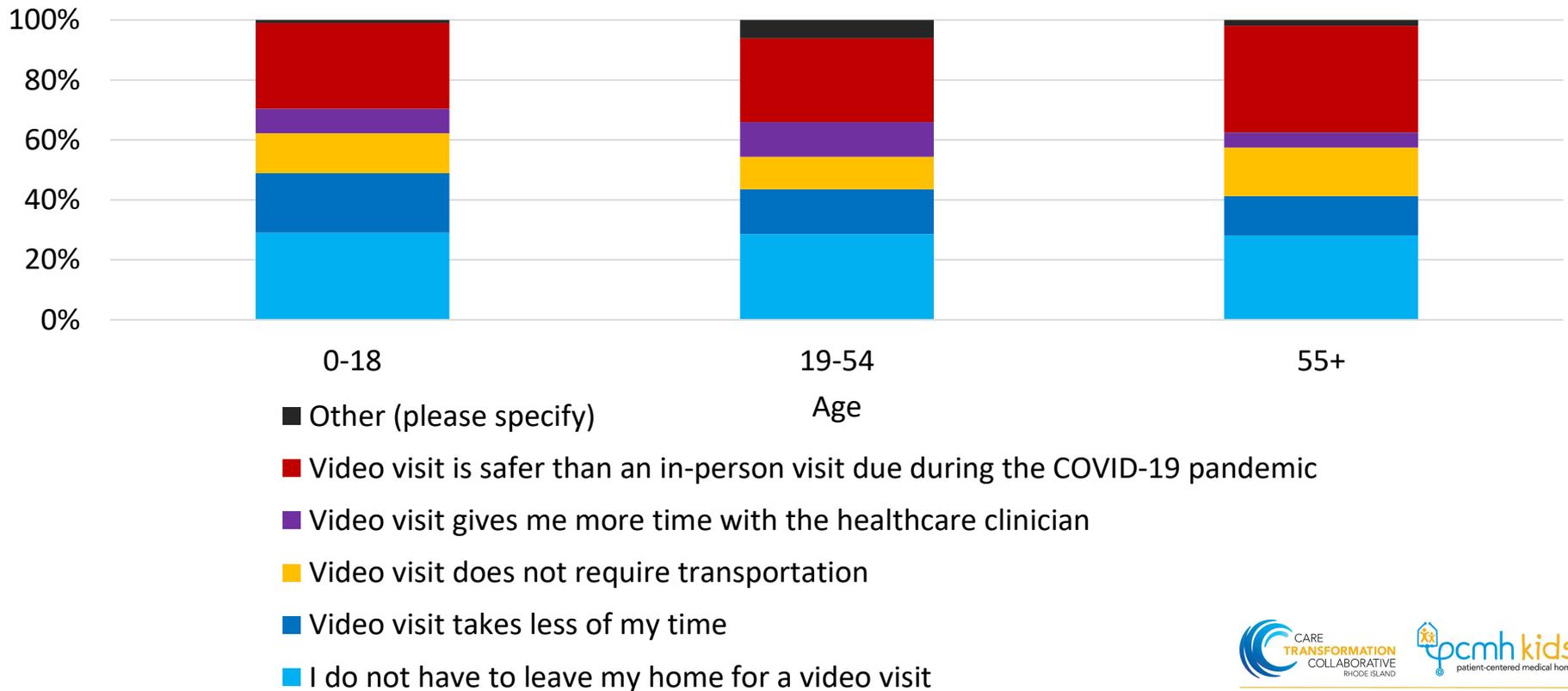
If your answer is “No,” to having a phone visit again in future (all reasons )



- Phone visit with the healthcare clinician is too short
- Do not speak English and need a language interpreter
- Need deaf/hearing impaired services to use the phone
- Have concerns about privacy during a phone visit
- Cell phone service is unreliable
- Do not have a phone
- Uncomfortable using a phone for a medical visit

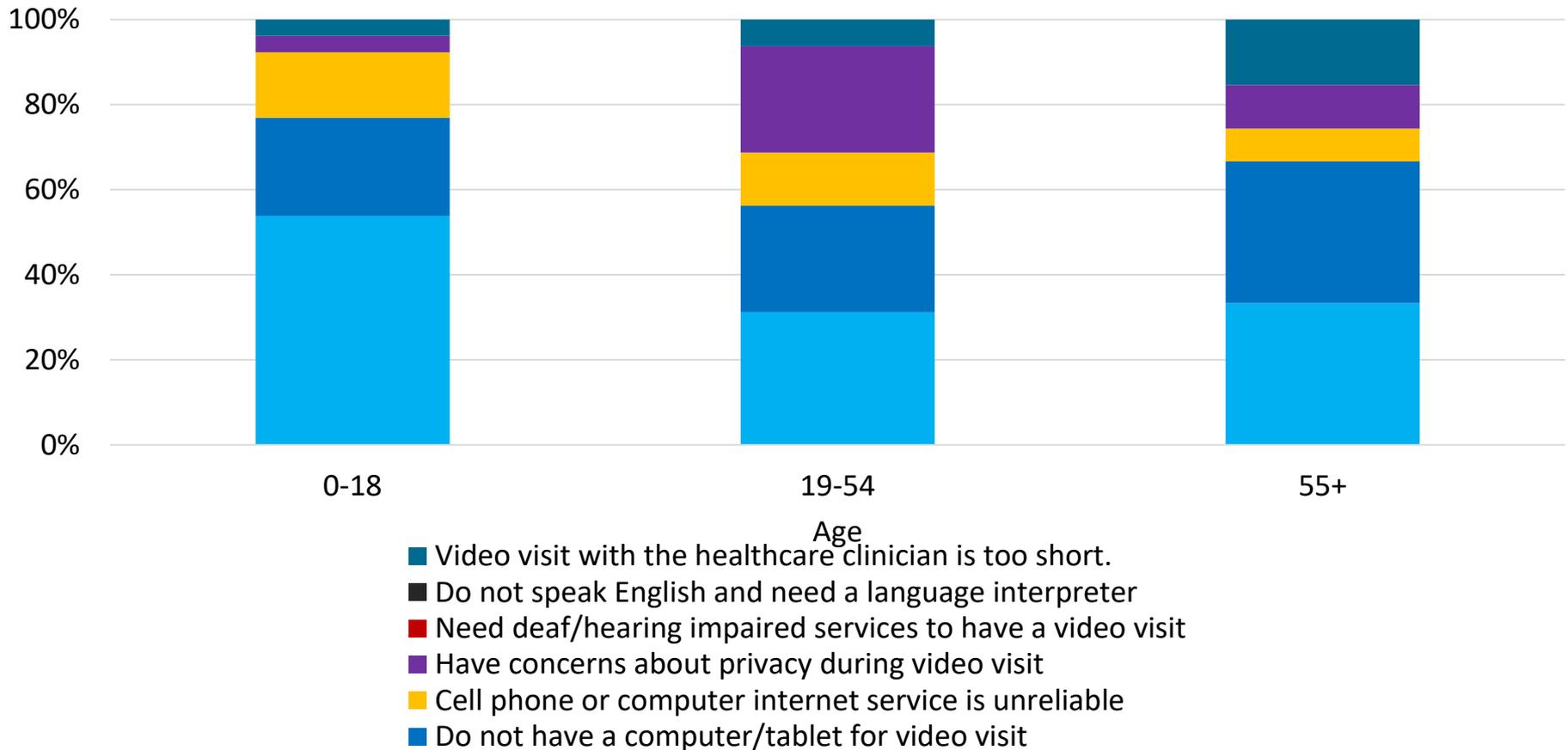
# Patients who HAVE had a telehealth visit

If your answer is “Yes,” they would have video visit again in future (all reasons)



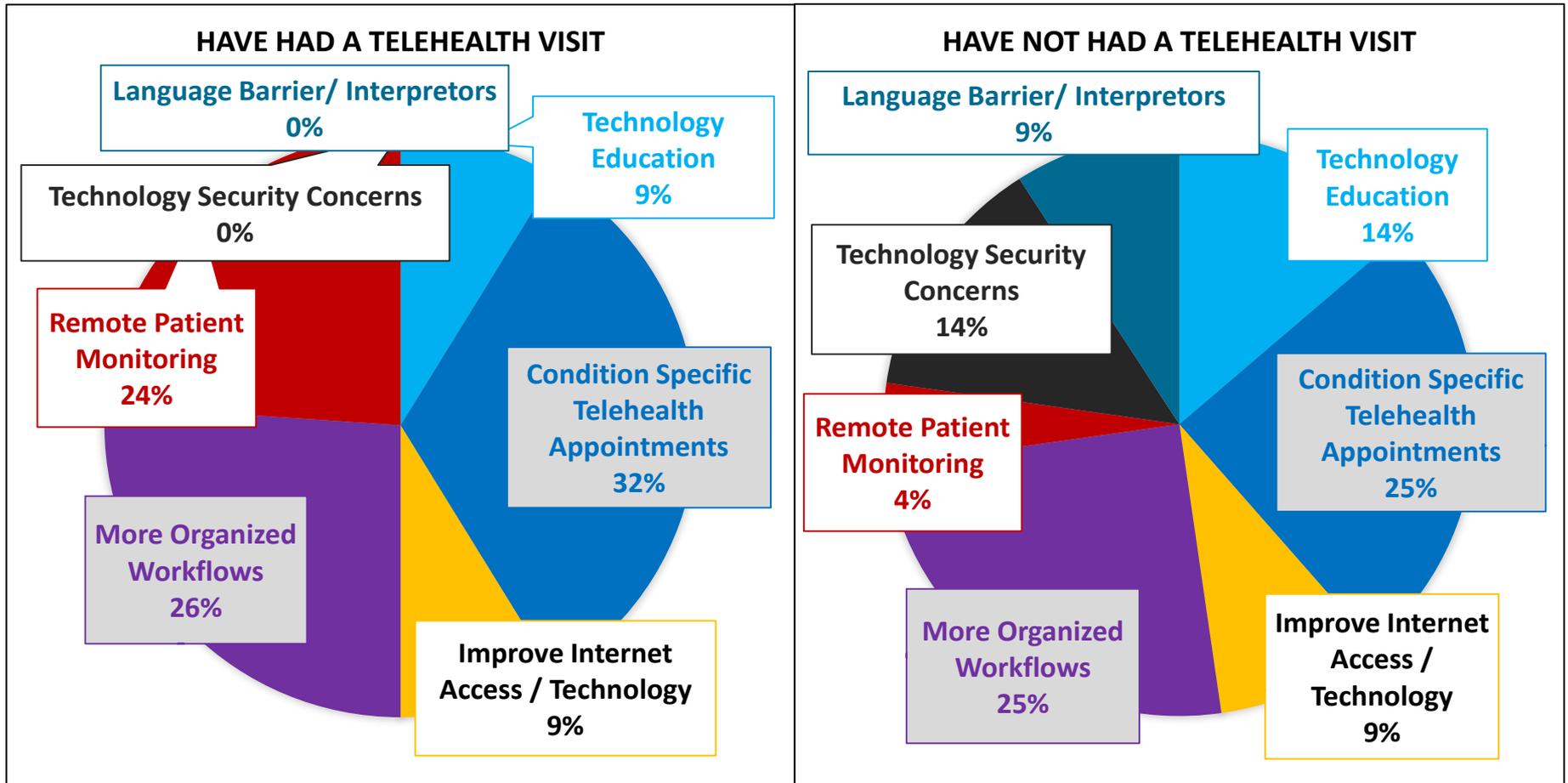
# Patients who HAVE had a telehealth visit

If your answer is "No," to video visit in future (all reasons that apply)



# Patients Open Responses for both HAVE and HAVE NOT had telehealth visit

## Suggested Telehealth Visit Improvements from Patient Answers

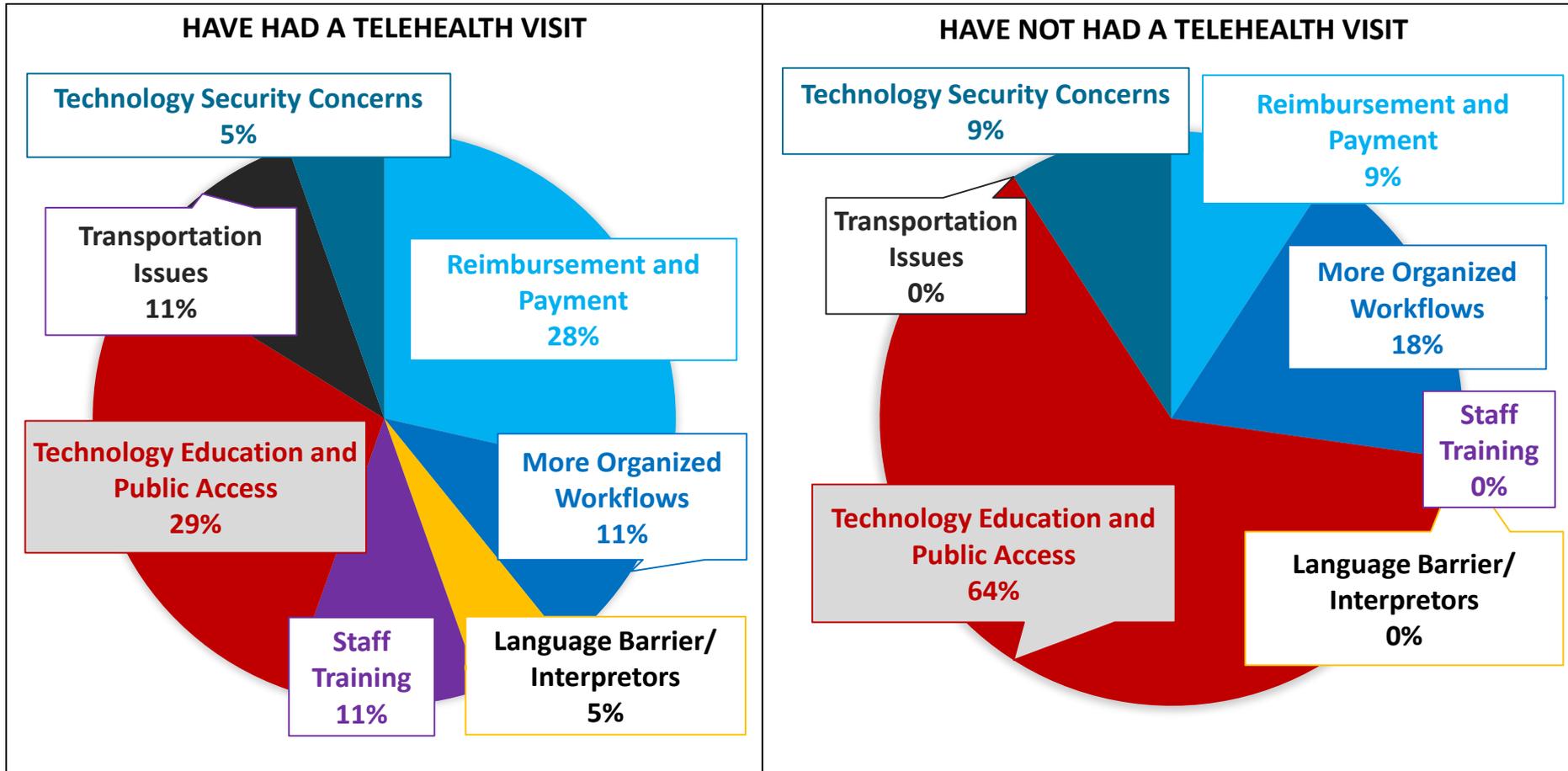


52% Skipped Question; 54% No Suggestion

58% Skipped Question; 56% No Suggestions

# Patients Open Responses for both HAVE and HAVE NOT had telehealth visit

Suggested Community Telehealth Improvements from Patient Answers



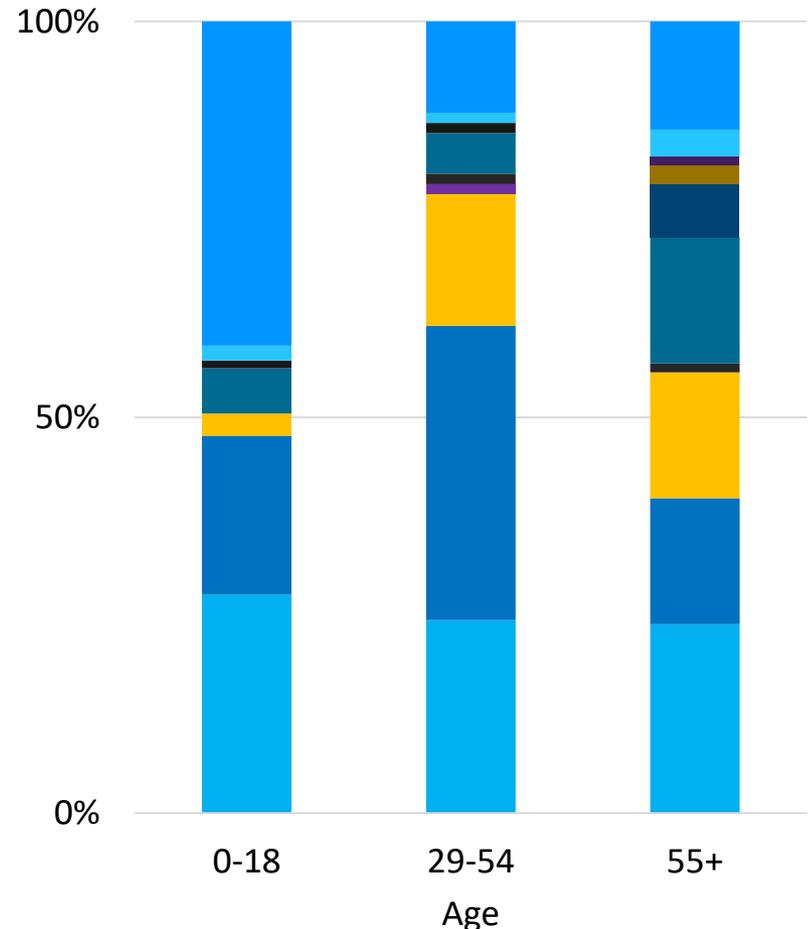
61% Skipped Question; 73% No Suggestions

60% Skipped Question; 78% No Suggestions

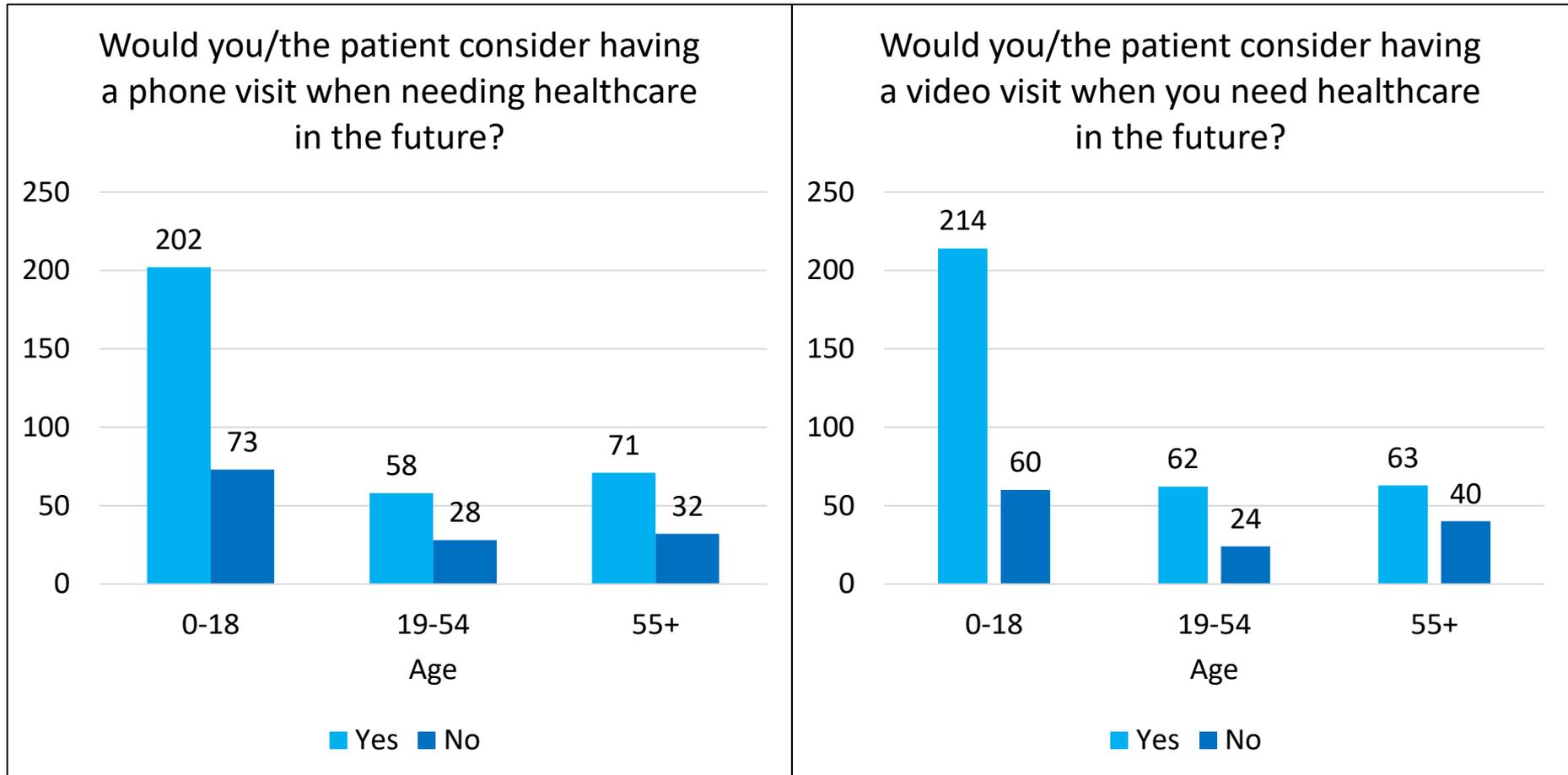
# Patients who HAVE NOT had a telehealth visit

If you/the patient have not had a scheduled phone or video visit, please tell us why not

- Other (please specify)
- Phone or video visit is too short
- No interpreter was offered for non-English speaking patients
- No deaf/hearing impaired services were offered as part of the phone or video visit
- Concerned about privacy when using the phone or computer
- Cell phone or computer internet service is unreliable
- Do not have access to a phone or computer for a medical visit
- Uncomfortable using the phone or computer for a medical visit
- Offered a phone or video appointment, but chose not to get healthcare at all
- Offered a phone or video appointment, but chose to go to a local urgent care center instead
- Offered a phone or video appointment, but chose to go to a local Emergency Room instead

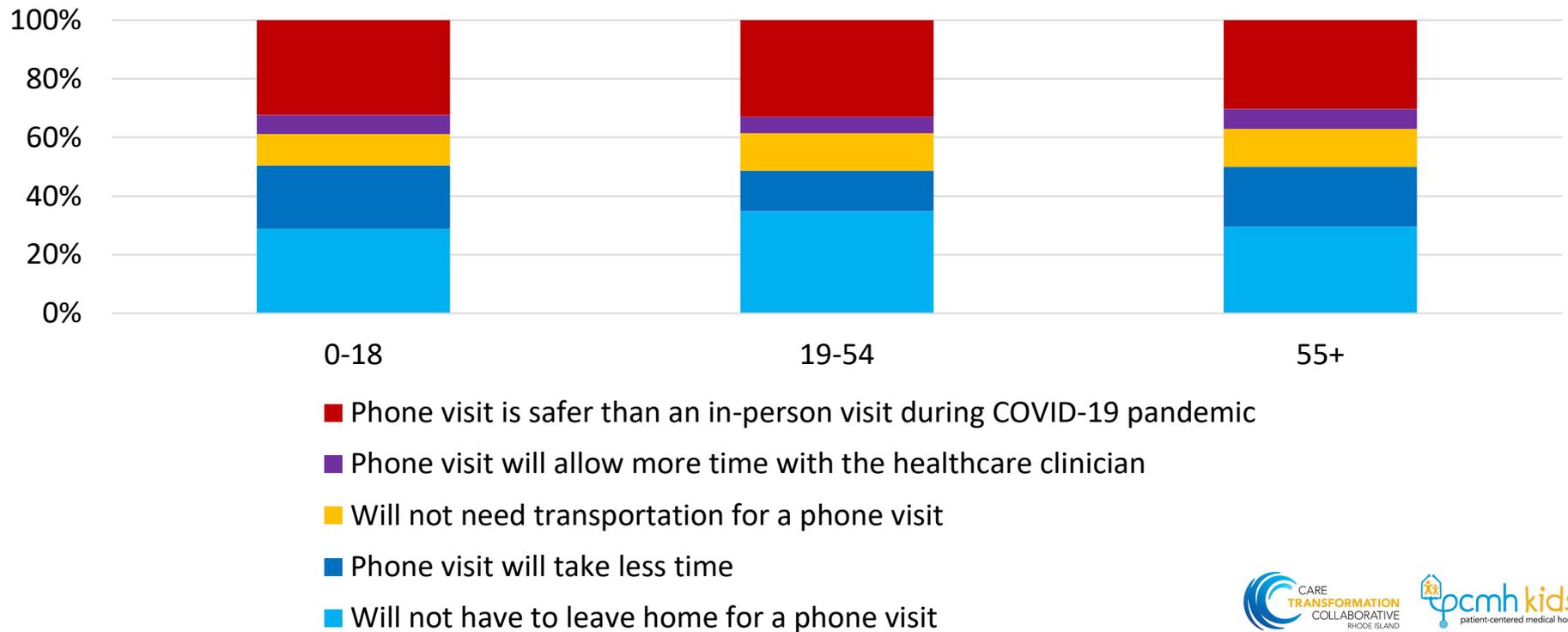


# Patients who HAVE NOT had a telehealth visit



# Patients who HAVE NOT had a telehealth visit

Yes, patient would consider having a phone visit when needed in the future - select all reasons

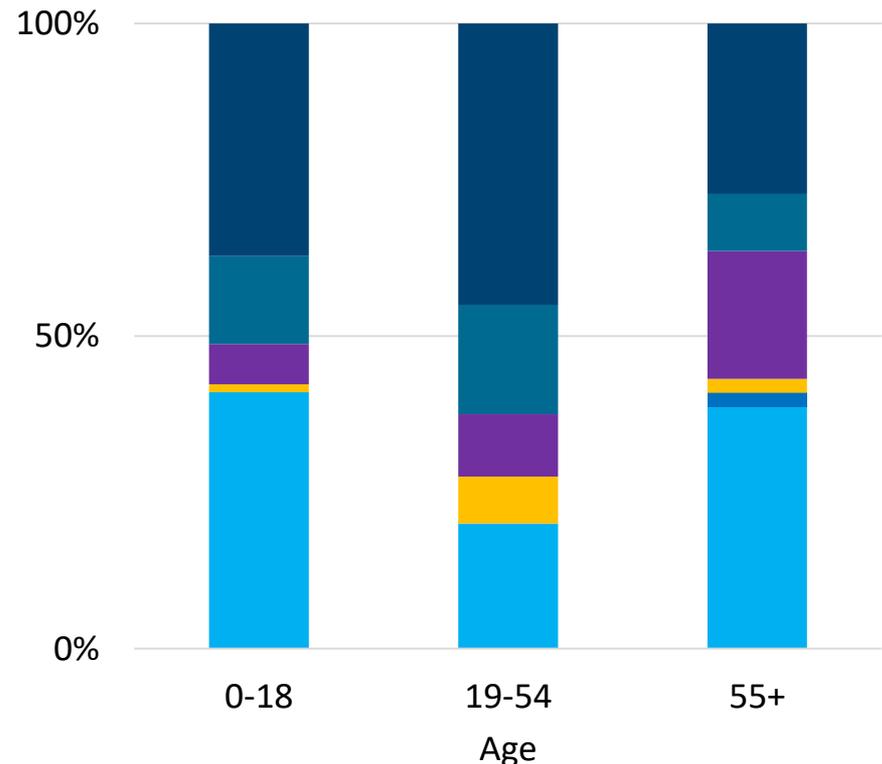


- Phone visit is safer than an in-person visit during COVID-19 pandemic
- Phone visit will allow more time with the healthcare clinician
- Will not need transportation for a phone visit
- Phone visit will take less time
- Will not have to leave home for a phone visit

# Patients who HAVE NOT had a telehealth visit

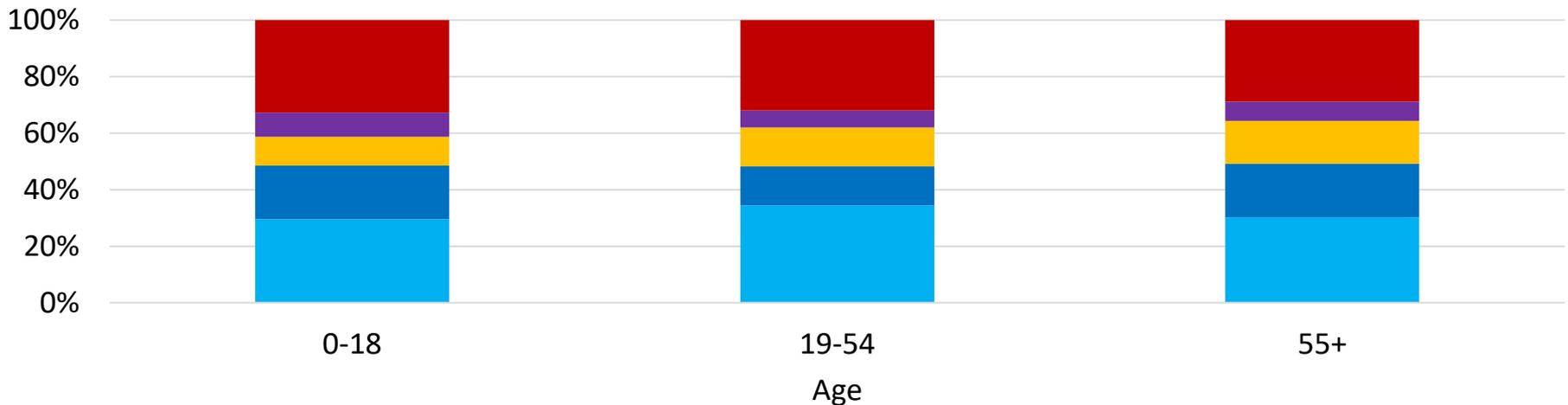
No, patient would not consider having a phone visit when needed in the future - select all reasons

- Other (please specify)
- The phone visit will be too short
- No interpreter offered for non-English speaking patients
- No deaf/hearing impaired services offered as part of the phone visit
- Concerned about privacy when using the phone for a medical visit
- Cell phone service is still unreliable
- Still do not have access to a phone
- Still uncomfortable using the phone for a medical appointment



# Patients who HAVE NOT had a telehealth visit

Yes, patient would consider having a video visit in the future - select all reasons



- Video visit is safer than an in-person visit due during the COVID-19 pandemic
- Video visit will allow more time with the healthcare clinician
- Will not need transportation for a video visit
- Video visit will take less time
- Will not have to leave my home for a video visit

# Telehealth Patient Surveys – Themes (continued)



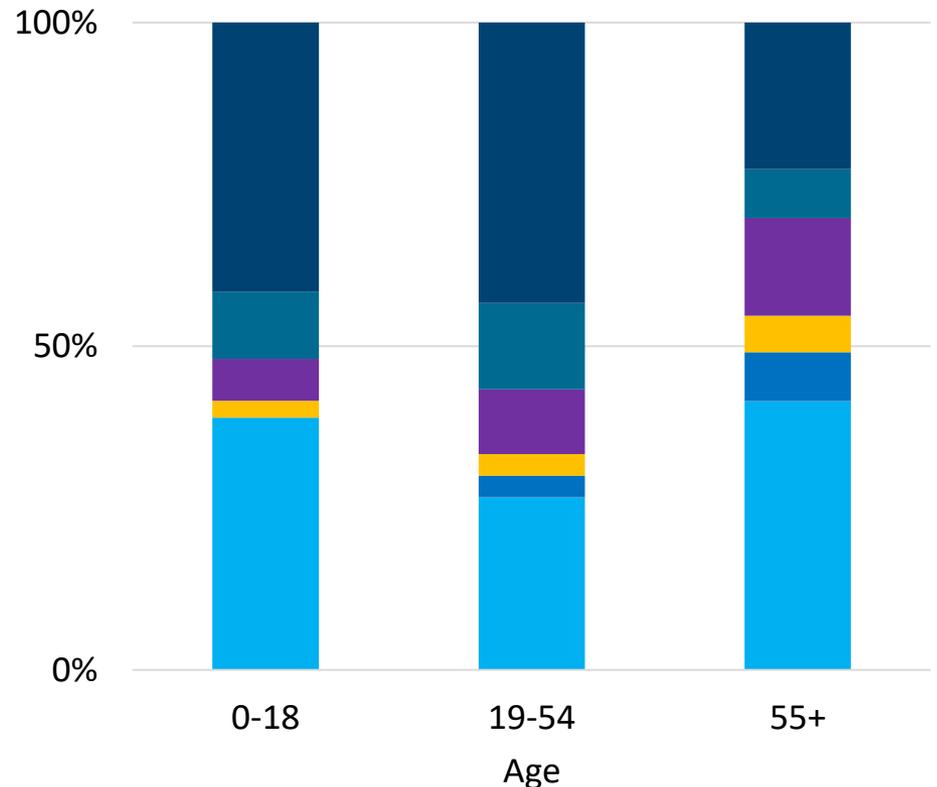
## Patients who Have NOT had a telehealth visit:

- Majority of patients would consider having a phone or video visit in the future if needed:
  - Safer than in-person during COVID-19 pandemic
  - Will not have to leave home
  - Takes less time
- Patient concerns preventing them from future phone or video visits:
  - Uncomfortable using phone or video for visit
  - Phone or video visit too short
  - Other
  - Privacy concerns
  - Phone service unreliable

# Patients who HAVE NOT had a telehealth visit

If your answer is NO, please choose all that apply

- Other (please specify)
- Video visit will be too short
- No interpreter offered for non-English speaking patients
- No deaf/hearing impaired services offered as part of the video visit
- Concerned about privacy when using the computer for a medical visit
- Cell phone or computer broad band service is still unreliable
- Still do not have access to a computer
- Still uncomfortable using the computer for a medical appointment



# Telehealth Learning Collaborative

## OBJECTIVES

- Improve access to care and patient experience for patients who have physical distancing requirements during COVID-19;
- Improve clinical outcomes for patients with chronic conditions;
- Improve engagement of under-served patients experiencing barriers to care and health disparities with respect to using technology to improve chronic illness outcomes;
- Improve access to peer learning opportunities as well as customized quality improvement and content expert technology support.

Each practice site will receive payment of \$20,000-\$22,000.



# Telehealth Learning Collaborative Deliverables

“Using Technology to Improve Care for Patients with Chronic Conditions”

## Start-Up Phase (months 1 - 4)

Practice Quality Improvement (QI) Team confirmed

Start-Up Objectives

1. through 5. listed below)

1. Define practice site /patient needs to be addressed
2.
  - a) Identify patients with chronic care needs
  - b) Identify baseline data needed and plan for obtaining data
3. Identify technology option
4. Cost of program
5. Performance Improvement and Patient Support Plan (PDSA)

Initial Technology Project Plan

## Implementation Phase (months 5 – 12)

Implementation Objectives

(1. through 5. listed below)

1. Prepare to implement
2. Implementation
3. Evaluation
4. New tests of change for PDSA:
  - a) Identify High risk patients
  - b) Identify Community partnerships
5. Update and submit a PDSA/QI Plan Storyboard

Practice earns incentive payment

# Improve PCP-Specialist Collaboration

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Proposed focus for 2021-2022 (from 2021-2022 CSC planning document)

I. Summit meeting with CTC, SOCs, Health Plans, State partners, RI Medical Society, and primary care and specialist state chapters to agree on statewide principles for primary care-specialist communication and coordination. If agree – when?

II. E-consult Collaborative (proposed for fall)\*:

- Seed funding available for core program up to three SOC
- Additional funding required for more ambitious program that would include practice level funding for participation

\* Need planning subgroup

# Evaluation and CME Credits

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Your feedback is important to us! Please fill out our short evaluation.

<https://www.surveymonkey.com/r/CSCEvalMarch>



We may be able to offer CME credit for this meeting. If you are interested in CME credits, **complete the evaluation and request the credits in the last question.** Thank you!